Prevention*Alert:* Compilation

Volume I

Prevention Strategies

Social Marketing Can Enhance Prevention Programming

Social marketers use consumer-based models to design behavior change messages for target populations. Studies indicate that social marketing proves beneficial in selling "products"—prevention messages—to specific "consumer" groups—populations at risk for substance abuse.

These strategies are based on marketing principles called the 4 Ps: product, price, place, and promotion. While this expressly sales-oriented framework does not directly translate to a public health environment, it can enhance intervention programming in the prevention community.

Social marketing techniques create research-intensive, audience-centered interventions. For a social marketer, an effective prevention initiative begins by understanding the audience, clarifying the core message, and assessing available resources. Changing behavior patterns requires knowledge of current behaviors, particularly those that predispose populations to substance abuse or enable it to continue.

A social marketer's research involves various forms of data collection, including focus groups, surveys, and ongoing field work. Throughout all stages of program planning and implementation, social marketers continue to monitor communication channels, program successes, and barriers. Modifications are made along the way to increase favorable end results.

Social marketing programs are also designed to be benefits-oriented. Uniquely tailored to specific audiences, well-designed programs stress how the benefits of behavior change outweigh the perceived costs of making lifestyle changes.

To receive a complimentary copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

While prevention professionals may not be familiar with social marketing theory and principles, their work often demonstrates its practical application. When community leaders develop programs based on their intrinsic knowledge of local populations, this method reflects the social marketing approach.

# # #

Innovative Prevention Strategies Target Minority Populations

A special section of the October issue of *Health Education and Behavior* focuses on how health communications strategies impact substance abuse prevention programs. The issue highlights the conceptualization, design, and implementation of four innovative prevention programs targeting minority populations and youth. Each program demonstrates a unique, audience-specific approach to media-based prevention education, and was funded as part of a Communications Cooperative Agreement sponsored by the Center for Substance Abuse Prevention.

For instance, a series of multicultural videotapes and related teaching materials called *Right Turns Only* targets African American youth. The program delivers substance abuse prevention education through a familiar channel—video—and uses young actors with whom teens can easily identify. The videos' prevention messages are reinforced with relevant classroom activities.

Another media-based prevention effort, *Jump Start*, is designed for inner-city African American teens at high risk for abusing alcohol, tobacco, and drugs. *Jump Start* is a fast-paced, multifaceted program that has been implemented in summer youth sessions. Using small-group discussions and videos, it aims to educate teens about illicit substances and help them build life skills to resist the lure of experimenting with drugs.

Two other programs target Hispanic youth and their families. *La Esperanza del Valle* seeks to influence cultural attitudes about alcohol use and abuse. Radio, television, and storybook versions of a novella—a familiar genre in the Hispanic community—give families relevant material to begin discussions about alcohol use. *Mirame! Look at Me!* is a prevention video series developed for use on an educational television network.

<div align="center">(more)</div>

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

The assessment tools, participant reactions, limitations, future considerations, and potential impact of these programs are discussed in detail in the special section. In addition the journal includes a selection of "Practice Notes" that profile other projects funded as part of the Communications Cooperative Agreement Program.

Overall, the diverse programming profiled in this journal demonstrates that health communications theory can be successfully applied to innovative prevention practices. Copies of the journal are available from Sage Publications. Call 805-499-0721 or visit http://www.sagepub.com to request a copy. The address is 2455 Teller Road, Thousand Oaks, CA 91320.

# # #

Taking an Alternative Approach to Prevention

What do team sports, the arts, special events, and community service have to do with substance abuse prevention? Anecdotal evidence suggests that youth who participate in alternative activities may be less inclined to engage in substance abuse. As a result, prevention efforts often have alternative programs as popular components.

Although these programs serve diverse audiences and purposes, they share some common elements. Alternative (or positive) activities help youth develop life skills and knowledge; provide them with peer interaction opportunities; and assist them in developing positive relationships with adults. When combined with other prevention strategies, alternative programs are especially effective when they are aimed at specific populations and are intensive. Several types of alternative approaches include:

- **Alternative events programs.** These events occur once a year or are one-time activities, such as Sober Prom, graduation parties, and community drug-free parties.

- **Athletic and recreational activities.** These activities provide a variety of sports and physical activities to youth in settings such as community centers.

- **Adventure-oriented alternatives.** These programs are designed to provide a thrilling outdoors experience while encouraging youth to engage in confidence-building activities.

- **Culturally specific alternatives.** These programs encourage bonding, leadership, and social interaction among young participants and are designed to give youth from different cultures greater knowledge of—and pride in—their ethnic heritage.

- **Alternatives aimed at high-risk youth.** These activities are targeted directly at youth from low-income backgrounds, children of substance abusers, children in foster care homes or institutions, school dropouts, or runaways. Because of the diverse needs of these youth, many programs include a wide variety of other services.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

- **Entrepreneurial ventures.** Alternative activities provide youth with mentoring programs to learn organizational and business skills as well as provide employment opportunities.

- **Community services.** These programs offer a wide range of opportunities for youth to interact with their peers, adults, and community members ranging from providing one-on-one assistance to the elderly or contributing to group projects.

- **Creative endeavors.** The arts encourage youth to participate in various forms of art, drama, music, or theater, and provide opportunities for youth to develop artistic skills as well as express themselves creatively.

- **Community drop-in centers.** These centers provide youth with a safe environment under the supervision of adults. Activities are often unstructured, and additional services, such as counseling, crisis intervention assistance, and health, may be offered.

Alternative programs are just one part of any community's prevention approach. To be the most effective, these programs should be incorporated within a comprehensive prevention strategy.

# # #

PREVENTION*Alert*

YOUR TIME—THEIR FUTURE: SAMHSA ANNOUNCES POSITIVE ACTIVITIES CAMPAIGN

On September 22, SAMHSA's Center for Substance Abuse Prevention launched the *Your Time—Their Future* Campaign—a national call for more adult participation in children's lives. The Campaign is designed to work with the Office of National Drug Control Policy's Youth Anti-Drug Media Campaign, the President's Summit for America's Future, and the Health and Human Services Secretary's Youth Substance Abuse Prevention Initiative.

This Campaign is based on studies indicating that adult guidance is often a critical prevention tool. A recent study conducted by Big Brothers/Big Sisters of America showed that youth who met with a mentor about three times a month for at least one year were much less likely to begin using drugs and alcohol or to skip school. Research also shows that structured activities led by adults, whether family members or community volunteers, can help to build skills, self-esteem, self-discipline, and positive thinking that protect against drug use—particularly among 7- to 14-year-olds.

Through print, television, and radio public service announcements (PSA's), publications, and the Internet, the Campaign aims to get more adults involved with youth, whether as volunteer mentors, tutors, coaches, career advisers, outdoor educators, school program leaders, or simply as more attentive parents and grandparents. The PSA's are audience-specific. For example, several of the PSA's target specific racial and ethnic groups, while five of the print PSA's include large type for easier reading.

The PSA's will feature the toll-free number for SAMHSA's National Clearinghouse for Alcohol and Drug Information, where callers can order publications and get more information about volunteering. Information specialists will have access to a database of local volunteer opportunities, and they will be able to transfer callers directly to organizations in their area. The database was developed in cooperation with Big Brothers/Big Sisters of America, The Points of Light Foundation, and The One to One Program.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

The Campaign will progress through a series of phases targeting different audiences and drawing on the support of a range of organizations. Future alerts will highlight special publications associated with the *Your Time—Their Future* campaign.

PREVENTION *Alert*

Prevention Guidelines: First Steps in Planning an Effective Program

When planning prevention activities, the prevention community faces a tremendous array of decisions–all of which can influence positive program outcomes. According to *Guidelines and Benchmarks for Prevention Programming*, program staff should focus on developing an appropriate selection of program criteria to ensure the success of prevention efforts. This alert is the first in a series focusing on prevention planning and programming guidelines.

1. **Know your target population**. To tailor prevention efforts to satisfy the needs of target populations, consider questions like these:

- Who is the target population?

- What are the demographics of the population (e.g., gender, age, and geographic location)?

- Do prevention planners have experience with and understanding of the target group?

Particular consideration should also be given to the patterns of substance use, cultures, value systems, and the likelihood of positive response to the prevention effort.

2. **Develop specific and realistic goals**. Setting clear, realistic goals allows a program to move from concept development to implementation in a smooth and measurable manner. When developing general goals, focus should be placed on the potential "reach" of the effort as well as its potential "strength."

The size of the target audience determines a program's potential reach. For example, enacting a new law or policy may reach thousands or even millions of people. However, when considering the strength—or possible impact of the strategy—the same law may have only a slight effect on individual behaviors. In addition, if it becomes apparent that the prevention goals cannot be achieved, program staff must be willing to adjust the strategy and redirect the program.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

3. **Look to local, State, and national programs for guidance**. The best indication that a prevention effort will work is that it has worked in the past under comparable circumstances. Program staff should gather empirical evidence of effectiveness from other programs to help guide the implementation process.

For example, although early efforts to prevent alcohol-impaired driving focused on establishing harsh jail penalties for drunk drivers, later evidence demonstrated that jail penalties, as a single intervention, had little effect on deterring the public from impaired driving.

Particular emphasis should be placed on the methodological assessments used and the basis on which the evaluation was produced. In this way, early program design benefits from past efforts in the field.

4. **Develop a logical conceptual framework as a guide.** A solid conceptual framework can guide a program toward its intended goals, suggesting new approaches and applications that may increase outcome measures.

For example, data has shown that students who do poorly in school are more likely to be problem users of alcohol and drugs than students who do well. Research has also linked success in school by at-risk students to bonding with supportive adult mentors. Therefore, a prevention effort that establishes a mentoring program is based on a proven conceptual framework. Key elements of such a framework should include ongoing updated information from the field; issues of causation versus correlation; a focus on motivation to use alcohol, tobacco, and drugs; and factors that link prevention with current use.

# # #

PREVENTION *Alert*

Prevention Guidelines: Developing a Strong Structure and Identity

To ensure successful prevention activities, planners can monitor the organizational structure of programs in development. According to *Guidelines and Benchmarks for Prevention Programming,* once conceptual issues and a solid framework determining the scope of the effort are in place *(see Alert 17),* the next step is to analyze and define how the prevention effort relates to the system as a whole. This alert is the second in a series focusing on prevention planning and programming guidelines.

Consider the following questions of prevention programs in development:

- **Who are the key players? What are their roles and responsibilities?**

Although prevention efforts may seem like excellent ideas with evidence of previous effectiveness, the involvement of key players throughout planning and implementation is essential to program success.

For example, research shows that well-implemented substance abuse policies in schools may help prevent drug and alcohol problems among students. Yet effective implementation requires the leadership of key decisionmakers in the school system, the cooperation of teachers and other school staff, and the endorsement of parents and students. If any of these groups resists the change, the effort can be defeated.

For prevention planners to develop a sound organizational structure for activities, they must incorporate community-wide participation from the beginning. In particular, emphasis should be placed on the active involvement of key decisionmakers in the planning and execution of the effort and implementers in planning and decisionmaking.

- **How do developing prevention efforts build on, and support, related prevention efforts?**

To avoid duplicating efforts, program staff can consider the array of other efforts that are occurring or are planned at national, State, and local levels. By taking a "systems approach" that connects various parts within the same system, the prevention community can maximize program effectiveness by building on other efforts and creating a cohesive solution to the community problem.

(more)

13

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

For example, a public awareness campaign alone is not likely to have a major effect on impaired driving. However, when it is used as an adjunct to an enforcement campaign, the combined efforts have been shown to be extremely effective.

- **Can prevention programs realistically carry out goals with intended personnel and resources?**

The likelihood of success increases if there is communication, organizational cooperation, and effective compromises among various participants. Organizational issues are less overwhelming if the overall effort is broken down into smaller, more manageable components.

To illustrate, a local law enforcement agency might decide to mount a campaign to reduce underage drinking. Because of a limited budget and strained personnel resources, the agency might be capable of only a very limited effort. By enlisting local community leaders, the media, high schools, youth clubs, and parenting groups to help discourage minors from purchasing alcohol, prevention efforts can be enhanced and have a greater impact on target populations.

In addition, as a large-scale effort is subdivided, more opportunities are created for active participation by a larger number of people. This may result in a broader and more lasting change if the community itself is involved in the decisionmaking and other leadership functions.

# # #

Prevention Guidelines: Final Steps Toward Successful Implementation

The final steps in developing successful prevention efforts involve implementation considerations. As described in *Guidelines and Benchmarks for Prevention Programming*, the prevention community can maximize program planning to ensure success and enhance prevention activities by following key guidelines. This is the third and final alert in a series focusing on prevention planning and programming guidelines.

- **Timing is a critical element in successful program implementation.**

Because local and even national events may affect a target group's readiness for prevention messages, selecting an opportune time—a teachable moment—for program implementation is essential.

For example, one community might create a ceremony where new drivers receive their license along with information about safe driving. In this way, a common rite of passage becomes a meaningful time to communicate essential information to an interested young audience. Dramatic events, such as a substance abuse-related tragedy, can bring attention to a prevention issue and galvanize a community to take action.

- **Prevention efforts should be designed with sufficient intensity and duration to be effective.**

Unlike the field of public health, where a one-time intervention (e.g., inoculation) will prevent terrible consequences such as smallpox and polio, substance abuse problems do not yield to simple prevention strategies. Prevention efforts need to match the intensity of the problem and provide continuous focus on the solution to be successful. If necessary, "booster" interventions that reinforce the efforts are included.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

- **Ensure quality of delivery in prevention efforts.**

Successful planners define key features of prevention efforts in advance and then systematically monitor them to ensure that they are working. Implementing such high-quality delivery requires a well-qualified staff to concentrate on program organization, public relations, recordkeeping, accounting, and other factors that increase the measurable success of prevention efforts. Because activities may change as new conditions and opportunities arise, any changes to the original effort can be carefully documented to enhance program evaluation, even providing a model program for others to emulate.

- **Prevention efforts should be continually evaluated.**

Prevention programs should be planned with evaluation measures in mind. Throughout the planning and implementation phases, open communication between members of the prevention staff provides evaluators with information to highlight outcome measures and anticipate any program shortfalls, enhancing the overall effort.

These guidelines, which reflect the best knowledge of promising prevention efforts, afford the prevention community a framework for developing successful programs. By incorporating idea development, structure, and implementation considerations into the design of prevention activities, planners increase the potential for program success.

Source: Adapted by CSAP from *Guidelines and Benchmarks for Prevention Programming* (1997). 57 pp. SMA 95-3033.

# # #

Prevention and Alcohol

Predicting and Preventing Underage Drinking and Driving

Specific factors can help predict whether or not people under the age of 21 will drink and drive or will ride with a driver who has been drinking. Although the rates of alcohol-involved traffic accidents in the United States have declined in recent years, survey data suggest that as many as 40 percent of adolescents have driven under the influence (DUI) and that 62 percent have ridden with a drunk driver (RWDD).

DUI and RWDD are primarily predicted by expectations regarding the physical risks of driving after drinking, beliefs about the extent to which friends disapprove of drinking and driving, and beliefs about the chance of being caught and charged with DUI or RWDD.

Prevention efforts should focus on increasing awareness among young people about the physical risks of DUI and RWDD and about their vulnerability to these risks. Alternatives to drinking and driving should be promoted, as well as increased enforcement of underage drinking and driving laws. Public information campaigns are effective when they are accompanied by enforcement programs.

Some young people are at higher risk than others for DUI and RWDD. Males, European Americans, and Latinos, for example, drink more and are more likely to take driving risks and less likely to believe DUI is dangerous. Prevention programs should be targeted to such high-risk groups.

Another focus must be on changing beliefs. One approach is to educate youths and change their perceptions about the social acceptability of DUI and RWDD, providing feedback that includes disapproval of these behaviors. Such programs have shown promise in preventing underage smoking, drinking, and other drug use.

Source: Adapted by CSAP from "Predicting Underage Drinking and Driving Behaviors," Grube, J. and Voas, R., *Addiction* 91(12): 1843–57, 1996.

To receive a complimentary copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

PREVENTION *Alert*

Reducing Impaired Driving Through Community Coalitions

Study Reviewed

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: The Saving Lives Program. *American Journal of Public Health 86*(6):791-797.

Study Focus

Hingson et al. assessed the effectiveness of six community-based initiatives to reduce alcohol-impaired driving, related driving risks, and traffic deaths and injuries (The Saving Lives Program). These 5-year initiatives were implemented by coalitions composed of multiple city agency representatives and private citizens. Specific interventions included sobriety checkpoints, beverage-server training, beer keg registration, enhanced liquor-licensing requirements, the use of signs listing penalties for law and ordinance infractions, a toll-free hotline to report speeding, media campaigns, and school-based education modeled after Project Northland, a prevention curriculum originating in Minnesota and requiring significant involvement from parents.[1]

The Saving Lives Program received funding from the Massachusetts Governor's Highway Safety Bureau and the Commonwealth Fund of New York. Each community received $70,000 annually for 5 years (approximately $1 per inhabitant annually). Half of the funding was used to cover the cost of a full-time program coordinator from the mayor's office. Twenty percent was designated for additional law enforcement. The remaining funding was used for program activities and educational materials. The involvement of many volunteers and the donation of in-kind services were cited as critical. Active task force membership ranged from 20 to more than 100 individuals, and about 50 organizations were represented in each community coalition.

---

[1] For more information about Project Northland see Williams, C.L., Perry, C.L., Dudovitz, B., Veblen-Mortenson, S., Anstine, P.S., Komro, K.A., & Toomey, T.L. (1995). A home-based prevention program for sixth-grade alcohol use: Results from Project Northland. *The Journal of Primary Prevention 16*(2):125-147.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Study Methodology

Composite data on the six Saving Lives cities were compared with data on five cities with similar population densities and geographic locations within the Commonwealth of Massachusetts. Researchers monitored traffic citations and reports of crashes that resulted in fatalities or injuries, directly observed safety belt use and speed patterns, and surveyed over 15,000 residents by telephone. Data were collected for the 5 program years as well as the 5 years prior to the start of the program.

Study Findings

Program cities recorded a 25 percent decrease in fatal crashes; a 42 percent decrease in fatal crashes involving alcohol; a 5 percent decrease in visible injuries per 100 crashes; and 50 percent decreases in vehicles observed speeding and in teenagers who reported driving after drinking.

Bottom Line

The results of the Saving Lives Program demonstrate that it is possible for community-based, multistrategy interventions to produce dramatic changes in public health and safety. The authors do not attribute positive findings to any specific intervention strategy, however. Rather, they cite the intervention's organizational structure as the cornerstone of success. Coalitions of private citizens and public officials from multiple city departments developed their own initiatives. With the political will of government agencies to implement strategies for change, the authors suggest that community interventions are much more likely to take root, receive attention, and achieve the desired outcomes. Researchers also note that as they developed strategies for change, the coalitions set realistic outcome goals. Consequently, this too played a significant role in their ability to achieve positive results.

# # #

Binge Drinking Continues on College Campuses

A recently completed Harvard School of Public Health survey indicates that binge drinking is a common practice among four-year college and university students. Researchers collected data from a sample of 17,600 students at nearly 150 campuses nationwide to chart the extent, practices, and profiles of collegiate binge drinkers.

Among men, binge drinking is consuming five or more alcoholic beverages in a row. Women must drink just four (or more) drinks in a row to be considered binge drinkers. Survey findings include the following trends:

- 44 percent of student respondents binge drank at least once in the two weeks prior to the survey. Among men surveyed, 50 percent were binge drinkers, while 30 percent of women exhibited binge drinking behavior.

- 50 percent of binge drinkers were frequent binge drinkers—they had three or more binge drinking episodes within a two-week period. The majority of frequent binge drinkers report intoxication as a motivator for drinking.

- Among frequent binge drinkers, 62 percent of men and 49 percent of women admitted driving under the influence of alcohol.

- Binge drinkers experience a higher percentage of alcohol-related problems such as disciplinary problems, violence, irresponsible sexual activity, personal injury, and poor academic performance.

- Students who binge drank in high school were three times more likely than their peers to continue this pattern in college.

(more)

To receive a complimentary copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

21   Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

- Residents of fraternity and sorority houses were four times more likely to binge drink than other students.

- Few of the surveyed students, including frequent binge drinkers, believed they had a problem controlling their drinking.

- Compared to their peers, frequent binge drinkers were most likely to use illicit drugs.

As the prevention community develops prevention measures that take these trends into account, remembering that 56 percent of college students do not engage in binge drinking behavior may help them design more effective strategies.

# # #

Changing Heavy Alcohol Use Among College Students

After an all-night party where college students drank alcohol in tremendous quantities, a promising college student's life ends suddenly, tragically. Parents, friends, and college administrators are left wondering what went wrong. As recent headlines indicate, such scenarios are not uncommon on college campuses across the country: 44 percent of student respondents to a 1993 Harvard School of Public Health survey drank heavily at least once in the two weeks prior to the survey.

Many college administrators, prevention specialists, and community leaders have developed innovative prevention strategies for their communities. The strategies involve environmental, educational, peer-based, and legislative approaches to stop illegal drinking among college students. Campus-wide initiatives include strict enforcement of the drinking age and "zero tolerance" policies for alcohol-related disciplinary violations. Alcohol-free events, substance-free dormitories, peer counseling programs, curriculum offerings, and alcohol awareness campaigns are helping students learn to enjoy their college years without the problems associated with illegal or irresponsible alcohol use.

Limiting the affordability and accessibility of alcohol off campus is another approach to reducing college drinking. Local law enforcement is helping to ensure that area retail establishments do not sell alcohol to intoxicated students or minors. Legislators are supporting regulations that eliminate marketing campaigns targeting underage buyers.

Comprehensive partnerships between colleges and local communities are also helping to tackle the problem of heavy drinking among college students. However, prevention specialists and others should continually assess strategies to ensure a long-term, positive effect on this target population. To make a lasting impact among collegians, the methodologies should be

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

audience-specific, clearly communicated, comprehensive, and combined with the surrounding community.

Source: Anderson, David S., & Gleason Milgram, G. (1996). *Promising Practices: Campus Alcohol Strategies*. Fairfax, VA: George Mason University.

# # #

Prevention and Tobacco

Reducing Youth Smoking Through Price and Other Tobacco Control Policies

Study Reviewed

Chaloupka, F. J., & Grossman, M. (1996). Price, tobacco control policies and youth smoking. *National Bureau of Economic Research Working Paper Series 5740*. Cambridge, MA: National Bureau of Economic Research.

Study Focus

Chaloupka and Grossman examine the effectiveness of tax policies, clean air laws, and youth access laws as policies for reducing the rate of initiation and amount of cigarette smoking among youth.

Study Methodology

Data from the nationally representative Monitoring the Future Survey, conducted by the University of Michigan's Institute for Social Research, are used to examine smoking among youth. The survey includes a large sample of 8th, 10th, and 12th grade students. Data from the years 1992, 1993, and 1994 are used.

The authors separately consider the effects of State- and county-level policy variables on the decision to start smoking and the number of cigarettes smoked by those who have already started smoking. Among the policy variables considered are taxes as reflected in price; restrictions on smoking in public places and private workplaces; and youth access as reflected in minimum purchase age, vending machine restrictions, restrictions on the distribution of free samples, and licensing requirements. They do not consider the level of enforcement of the laws. They do take into account various personal characteristics of the individuals.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Study Findings

The authors find that the price of cigarettes affects the percentage of youth who start smoking and the number of cigarettes smoked by young smokers. Their results indicate that States with higher prices have substantially less smoking, half of which is from fewer youth deciding to smoke and the other half from fewer cigarettes smoked by smokers. They also find that restrictions on smoking in public places are associated with fewer youth who smoke, and limits on smoking in schools are associated with lower average cigarette consumption by smokers. For example, their results indicate that limits on smoking in schools are associated with between 5 and 7 percent less overall smoking by smokers. Limits on access to tobacco products, however, were not found to be associated with less smoking by youth.

The Bottom Line

Chaloupka and Grossman suggest that changes in environmental policies could result in changes in smoking patterns among youth. In particular, they calculate that a 75-cent increase in Federal taxes would reduce the number of cigarettes smoked by one-half, including a 25 percent reduction in the number of people who start smoking and a 25 percent reduction in the number of cigarettes smoked by people who already smoke. These implications are consistent with other studies that find that higher taxes are associated with less smoking. Thus, increasing taxes holds great promise as a prevention strategy directed at youth.

Chaloupka and Grossman also suggest that restrictions on smoking in public places reduce smoking by youth. This result has also been found in a few other studies. Thus, policies to restrict locations where smoking is permitted show promise for affecting youth smoking behavior.

Finally, limits to *youth's access to tobacco*, such as higher minimum purchase ages, *were not found to be associated with use in this study. However, the authors point out that this result most likely reflects the lack of variation in laws and lack of enforcement of those laws* during the time period considered. Other studies (see the 1994 Surgeon General's report, "Preventing Tobacco Use Among Young People: A Report of the Surgeon General") find that programs to *enforce* youth access laws are associated with fewer purchases and less use of tobacco by youth.

# # #
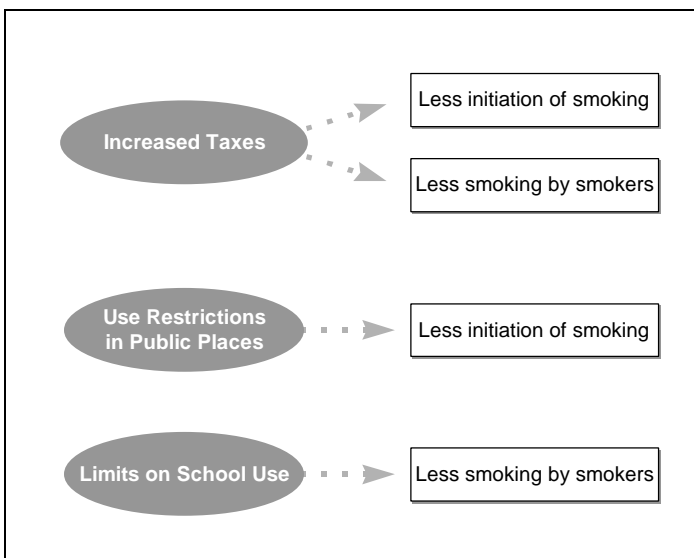
Limiting Youth Access to Tobacco with the Synar Amendment

It's a problem as close as the nearest cigarette vending machine. Tobacco use among the young is on the rise, with a notable increase in new smokers who are 13- and 14-year-olds. Today, approximately 3,000 children and young adults under 18 will begin smoking. With easy access to cigarettes and other tobacco products, this group buys over 500 million packs of cigarettes each year.

Studies suggest that adolescent experimentation with tobacco can have serious consequences. Some youth establish smoking patterns that can lead to nicotine addiction—increasing their risk of developing life-long and life-threatening smoking-related health problems. According to the 1991 DHHS National Household Survey on Drug Abuse, most longtime smokers begin using tobacco before they turn 18. Data indicate that about one in three young people who begin smoking in adolescence will die from a smoking-related disease (FDA 1996).

The Synar Amendment requires States to develop laws barring the distribution of tobacco products to minors. The legislation, named after its congressional sponsor Mike Synar, emphasizes consistent enforcement, monitoring of retail outlets' compliance, and communication of results.

The goal of the Synar Amendment is that by fiscal year 2002 a minor attempting to purchase tobacco will be able to do so less than 20 percent of the time. Four States have already achieved rates at or below 20 percent. States that fail to comply with the Synar Amendment risk losing between 10 and 40 percent of Federal block grant funds allocated for substance abuse prevention and treatment programs, depending on the fiscal year involved.

To receive a complimentary copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Controlling youth access to tobacco is most successful when legislation, media campaigns, merchant education, and community support are combined. Programs must be clear on their goals, audience, and message, and enforcement must be consistent.

In the future, researchers plan to use collected data to determine how the Synar Amendment is affecting the rate of tobacco sales to youth, the rate at which young people start to smoke, and the amount of tobacco products they use. It is hoped that Synar—in conjunction with other legislative and policy efforts, prevention education plans, and media advocacy—will help youth in communities across the Nation grow up tobacco-free.

# # #

Prevention and Illicit Drugs

Methamphetamine Use Is on the Rise

Methamphetamine use appears to be increasing and spreading among various populations. Recent data indicate that 4.7 million Americans—2.2 percent of the population—have tried the drug at least once (SAMHSA, 1996).

According to the Monitoring the Future Study, methamphetamine use among youth also is on the rise (NIDA, 1997). Nearly 5 percent of last year's high school seniors reported trying methamphetamine, while only 2.7 percent of 1990 graduates had tried it. The number of college students reporting methamphetamine use has increased as well—from 0.1 percent in 1990 to 0.8 percent in 1994.

Methamphetamine is a central nervous system stimulant with effects similar to those of cocaine. "Speed," "crank," "go," "crystal meth," and "poor man's cocaine" are among the common street names for the drug. The drug can be ingested orally or by inhalation, intranasal snorting, or occasionally by injection. Methamphetamine users experience serious health problems including respiratory damage, increased heart rate and blood pressure, extreme weight loss, paranoia, violence, and addiction. Long-term use of the drug can cause irreversible vascular damage to the brain, which can lead to cardiovascular problems, convulsions, and sometimes fatal hypothermia.

Methamphetamine use varies by region. The West Coast in particular is experiencing a methamphetamine epidemic. Recent data from the Drug Abuse Warning Network (DAWN) reveal that San Diego, San Francisco, and Los Angeles are among the top five cities for methamphetamine-related emergency room admissions. Hawaii, Arizona, Oregon, and Washington also are experiencing similar trends. The data further suggest that in these and other Western and Southwestern areas, methamphetamine use is overtaking heroin and cocaine use among people entering drug treatment programs.

(more)

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

Although rates remain highest in the West, there is growing evidence to suggest a spread eastward—in the Midwest and South in particular. Hispanic migrant workers in the Southwest, Asian laborers in Hawaii, suburban teens, college students, and men who have sex with men are among the populations in which use is increasing.

Reasons for using methamphetamine vary widely. Workers and college students may use methamphetamine to work long hours or perform repetitive tasks. Young women report using the drug for appetite suppression and weight loss. Many suburban youth consider the drug less dangerous and more socially acceptable than cocaine. As more studies are conducted, additional reasons for using methamphetamines will surface, as well as potential strategies for prevention.

Sources:

National Institute on Drug Abuse (NIDA). 1997. *NIDA Capsules: Statistical Series*. Cap 46. *Monitoring the Future Study*, 1975–1997. Rev. December 1997. Bethesda, MD: National Institutes of Health.

Office of National Drug Control Policy, Executive Office of the President. 1997. *Recent DAWN Data on Methamphetamine/Speed*. Rockville, MD: author.

Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. 1996. *Preliminary Estimates from the 1995 National Survey on Drug Abuse*. Advance Report Number 18. Rockville, MD: author.

# # #

Marijuana: Where Do We Go From Here?

A better understanding of specific areas of marijuana research may help to predict and prevent future increases in the popularity of marijuana use. The areas needing more research are ethnicity and marijuana use, driving under the influence of marijuana, marijuana as the illicit drug of choice among populations at risk for substance abuse problems, federal and state legislation regarding marijuana use, marijuana use and interpersonal violence, and media exposure to information about marijuana use.

Other research findings on marijuana include the following:

• Marijuana is the most prevalent illicit drug used by youth and young adults in high-risk environments; youth in continuation school programs have an increased risk for marijuana use.

• Some studies have shown that marijuana use is more prevalent and attitudes toward use more positive among Latinos. Continued research on ethnicity as a predictor of marijuana use may lower the overall level of marijuana use.

• There has been an increase in drug use among youth as the number of anti-drug public service announcements and articles about substance abuse has decreased. Also, some say the association of marijuana with celebrities and glamorous images may increase use.

Research shows that marijuana has an adverse effect on successful functioning in daily life; however, some prevention programs are effective in reversing behavior among youth who have used marijuana or are at risk for substance use. It appears that life skills curriculum material and extensive booster programming during high school are effective.

Source: Adapted by CSAP from "Marijuana Use: Current Issues and New Research Directions," Sussman, S.; Stacy, A.; Dent, C.; Simon, T.; Johnson, C.; *Journal of Drug Issues*, Vol. 26(4): 695–733, 1996.

To receive a complimentary copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

The Changing Face of Heroin: Teenagers at Increased Risk

While "heroin chic" is cultivated on high-fashion runways and in glossy magazines, the hard-hitting reality of this drug is far from glamorous. The face of heroin is changing in the 1990's: The faces are younger.

Recent years have witnessed an upward trend in heroin use across the Nation. In 1995, 141,000 people tried heroin for the first time. Many of them were teenagers: 25 percent were 12 to 17 years old. In addition, in 1995 an estimated 428,000 people took heroin at least once. Standard methods of measuring the prevalence of heroin use likely underestimate the extent of the problem.

The major shift in heroin use appears to be the increase in youth using the drug. Although not as prevalent as marijuana and alcohol, heroin experienced an upward trend for eighth, tenth, and twelfth graders from 1991 to 1996. In fact, in 1994, 57 percent of those admitted to hospital emergency rooms for heroin-related illnesses were under age 18. Prevalence among college students remained steady.

Investigators believe that the increase in young heroin users reflects general trends in how people are taking the drug. Younger users and new users alike tend to smoke or snort heroin, rather than inject it as long-time users generally have. The increased purity of heroin over the past decade and the fear of AIDS have contributed to this gradual movement away from injecting heroin.

Several other trends characterize heroin use today. Combined survey data from 1994 and 1995 suggest that the majority of users were white males over 35 years of age. Almost half of reported heroin users live in larger metropolitan areas. Nearly a third did not graduate from high school. Surveys of emergency room admissions and heroin-related deaths indicate that heroin is often used in combination with other drugs, particularly cocaine and alcohol.

Heroin is one of the top three frequently reported drugs by medical examiners in drug abuse deaths. These patterns of heroin use, particularly its increasing popularity among youth, pose new challenges for the prevention community.

Source: Adapted from Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network Annual Medical Examiner Data 1995,* DHHS Pub. No. (SMA)97-3126 Rockville, MD: DHHS, 1997.

To receive a complimentary copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Prevention Through Parenting

Parenting as Prevention: Maximizing Program Success

From infancy through their teenage years, children learn responsible behaviors from parents or other caregiving adults in their lives. What parents do—the rules they establish, the behaviors they value, the feelings they nurture—provides the basic foundation for a child's future.

Studies have directly linked parental behavior and lifestyle with a child's inclination to use alcohol, tobacco, or drugs. Recent findings from the National Longitudinal Study of Adolescent Health showed that children who have access to tobacco, alcohol, or illicit substances were more likely to use these substances. Those who had strong bonds with their parents and who had parents home during critical times such as waking up, after school, and at dinner and bedtime were less likely to be users (JAMA 1997).

Prevention planners can strengthen programming efforts by acknowledging parents' critical role in shaping children's lives. They can work with youth and adults to coordinate approaches that truly facilitate parenting as prevention. Because of social and culture shifts in our society, it is important to recognize that traditional ideas about parental figures have broadened to include single and divorced parents, extended family members, and for some children, teachers and mentors.

A family awareness prevention program should include specific parenting components that identify and address key risk factors such as:

• substance abuse in the family

• inconsistent or overly harsh discipline

• a lack of closeness between a parent and child.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

In addition, prevention programs should encourage the growth of protective factors that can positively influence a child's life. These factors may include:

- developing strong bonds within the family

- spending quality time with parents

- reinforcing desirable behavior and punishing unacceptable behavior.

Experience reveals that prevention efforts addressing parenting issues within core program frameworks will produce positive results for participating youth. Prevention strategies can be targeted toward three key areas to help parents and their children:

- **Family friendly environments** can provide social, emotional, and structural support. Strategies such as home visits to parents of newborns and work policies that allow for flexible hours serve to ease daily family stresses while promoting positive relationships among family members.

- **Practical information and training** can enhance parents' caregiving skills. Training can address bonding, supervisory, and disciplinary practices that ensure good communication between parents and youth.

- **Linking parents and concerned community members with each other** can build a more protective community environment. Training can focus on what entire communities can do to reduce children's access to substances and help establish communal guidelines for appropriate supervision of parties.

This *Alert* is the first in a series of three that discuss maximizing parents' role as the first line of defense in successful prevention efforts. Future *Alerts* will focus on specific strategies and model programs.

Source: Resnick, M.D., P.S. Bearman, R.W. Blum, K.E. Bauman, K.M. Harris, J. Jones, et al. 1997. Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278 (10/September 10), 823-832.

# # #

PARENTING AS PREVENTION: DEVELOPING PROGRAMS THAT WORK

Prevention programs that include parents and other caregiving adults are often effective deterrents to youth substance use. The following strategies can help planners develop effective programs that make a difference for both parents and youth.

Know the Target Population. It is critical for prevention planners to acknowledge the unique qualities of today's families and develop programs accordingly. Research shows that prevention strategies, especially those for families, fall within three categories. These include **universal interventions** that target efforts toward the general population; **selective interventions** for at-risk families; and **indicated prevention programs** that address the multiple risk factors exhibited by some families, such as school failure, substance use, sexual abuse, or severe neglect. By matching the type of intervention with the needs of the target population, prevention planners help to maximize program success from the very beginning.

Determine the Program Message. Special consideration should be given to the message or purpose of the prevention effort. Defining a clear message—or program goal—provides a means to measure and evaluate program success during implementation and follow-up phases. One family-oriented message might highlight how parents and other caregiving adults can model substance-free lifestyles for youth.

Incorporate Key Elements in the Program Design. Regardless of which intervention planners pursue, there are critical strategies that help ensure program success. A family-focused program should:

- **Provide sufficient intensity and length** to fully address a range of family-related concerns. High-risk families may need considerable time and support before they are capable of making changes; for example, they may need more sessions.

- **Meet individual family needs.** Programs tailored to specific family needs often prove the most beneficial and cost effective in the long run.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

- **Match the developmental stages of the child.** Parenting involves different demands and expectations at all phases of a child's life, and parent training should provide insights based on the unique challenges of each stage in a child's development.

- **Be culturally relevant and easily understood.** Program materials may be designed to reflect the ethnicity and diversity of potential audiences so that the program is effective for all target populations. In addition, program materials may be designed to meet the appropriate reading and conceptual levels of the audience.

This *Alert* is the second in a series of three that discuss enhancing parents' role as the first line of defense in successful prevention efforts. The final *Alert* will focus on model programs that have been successful in providing positive results for parents and children.

# # #

PARENTING AS PREVENTION: LEARNING WHAT WORKS

Parenting interventions are a critical component of comprehensive prevention programs, because research shows that parental influence is the primary reason that youth do not use drugs. Because these approaches are as diverse as the populations they serve, they encompass many ways of benefiting youth *and* parents.

An expert panel of CSAP's Prevention Enhancement Protocol System (PEPS) reviewed the current research and practice evidence on parenting interventions. PEPS suggests three types of parenting interventions that show a high level of effectiveness for substance abuse prevention. They are (1) **behavioral parent training**, primarily targeting parents of young children; (2) **family skills training**, for parents of elementary school children; and (3) **family therapy** for adolescents.

- **Behavioral Parent Training.** Research suggests that this approach is effective in reducing youth substance abuse risk factors such as conduct disorders, aggression, and school problems. This intervention may also help to improve resiliency factors and social competencies. Behavioral parent training usually involves parents of behaviorally disordered children in group sessions for 12 to 20 weeks. Videos demonstrate improved parenting skills in communication, discipline, and follow-through on requests or chores. The programs are highly scripted and interactive, and most include homework assignments for parents. Behavioral parent training programs include Webster-Stratton's *Child and Parent Video Series*, Patterson's *Parent Training*, Wahler and Associates' parent training, Steele's *Strengthening Multi-Ethnic Families and Communities*, Alvey's *Effective Black Parents* and *Los Niños Bien Educados*, Birth to Three's *Parenting Program*, Milman's *Parent Project* for worksites, Kavanaugh and Reid's *Treatment Foster Care*, and Gordon's computer-interactive CD-ROM, *Parenting Adolescents Wisely*.

- **Family Skills Training.** Research suggests that this approach addresses more risk and protective factors for tobacco, alcohol, and drug use than parent training or children's skills training alone. The approach involves not only intensive parent skills training but also 12 to 18 sessions of youth social and life skills training—often including a family practice session.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Family skills training programs include Kumpfer's *Strengthening Families Program*, Molgaard and Kumpfer's *Iowa Strengthening Families Program*, Lecar and Kameoka's *Strengthening Hawaii Families*, Aktan's *SafeHaven Program* for inner-city African-American families, and Miller-Hyde's *Dare To Be You* for preschoolers. Other effective programs include Catalano's *Focus on Families*, McDonald's *Families and Schools Together*, Hawkins and Catalano's *Preparing for the Drug-Free Years*, Bavolek's *Nurturing Program*, and Dishion's *Adolescent Transitions Program*.

- **Family Therapy.** Highly skilled therapists work with families and youth with identified influences that may put them at high risk for substance abuse (e.g., existing conduct disorders, juvenile delinquency, depression, or initiation of drug use). Effective family therapy programs include Alexander and Parson's *Functional Family Therapy*, Gordon's *Home-Based Functional Family Therapy*, Szapocznik's *Structural Family Therapy*, Liddle's *Family Therapy*, Henggler and Borduin's *Multi-Systemic Family Therapy*, and McMahon, Forhand, and Long's *Helping the Noncompliant Child* for young children.

These approaches are most promising when considered in terms of overall prevention program goals and specific audience needs. When planning programs, consider developmental appropriateness, cultural competence, gender sensitivity, community relevance, and cost and availability of training and program materials. Modifications can be made to improve cultural competence or local relevancy. Parenting programs may prove more successful if planners reduce attendance barriers by providing child care, food, transportation, and incentives for consistent attendance and graduation.

Detailed information about these programs is available on the Strengthening America's Families Web site: www-medlib.med.utah.edu/healthed/progdesc.htm.

Sources

Ashery, R., and Kumpfer, K.L. (in press). *Family intervention research for the prevention of drug use in youth.* NIDA Research Monograph, NCADI, Rockville, MD.

Kumpfer, K.L. (1993). *Strengthening America's families: Promising parenting strategies for delinquency prevention.* Office of Juvenile Delinquency Prevention.

Kumpfer, K.L., Molgaard, V., and Spoth, R. (1996). *The Strengthening Families program for the prevention of delinquency and drug use.* In R. de V. Peters and R.J. McMahon (eds.). *Preventing childhood disorders, substance abuse, and delinquency.* Sage Publications, Thousand Oaks, CA.

Kumpfer, K.L., Szapocznik, J., and Grover, P. *Preventing substance abuse among children and adolescents: family-centered approaches.* CSAP, SAMHSA, DHHS.

# # #

SAMHSA RELEASES NEW GUIDE ON FAMILY-CENTERED PREVENTION APPROACHES

SAMHSA has released a new publication entitled *Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches;* it is the second in a series of guidelines developed by the Center for Substance Abuse Prevention (CSAP) through the Prevention Enhancement Protocols System (PEPS). Under the PEPS program, expert panels review the literature on prevention research and practice and then develop guidelines based on the evidence of effectiveness of various interventions. This second guideline continues the PEPS tradition of synthesizing and disseminating science-based recommendations for substance abuse prevention. Targeting State agencies, prevention programs, practitioners, and researchers, the guides provide an essential resource for planning effective program initiatives and directing future research.

THREE PREVENTION APPROACHES

This publication evaluates research and practice in three family-centered approaches:

- **Parent and Family Skills Training.** PEPS reviewers found strong evidence that family skills training can help prevent substance abuse by most children. Interventions such as curriculum-based training, discussions, role-playing, modeling, skills practice, and therapeutic counseling can stabilize or improve the conditions that contribute to various risk factors, such as poor parent-child communication, children's problem behavior, inadequate parenting skills, and parental substance abuse.

- **Family In-Home Support.** The panel found moderate evidence that in-home support—including direct services (food, cash, transportation) and social services (counseling, crisis intervention, behavior management counseling, substance abuse treatment referrals)—reduces juvenile criminal activity and the number of rearrests, improves family relationships, and prevents out-of-home placement in families at high risk.

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

- **Family Therapy.** Family therapy focuses on improving family functioning and reducing juvenile delinquency, recidivism, child abuse, and other strong antisocial behaviors. The panel reviewed studies in which therapists and foster care caseworkers used therapy for families with children who were seriously delinquent, were juvenile offenders, or had adjustment disorders. The panel found strong evidence that family therapy reduced the rates of recidivism in delinquent teenagers. There is also some evidence that family therapy improves family interaction by enhancing parenting skills with adolescents, helping parents to reduce adolescents' antisocial behavior, facilitating communication, and improving parents' and adolescents' attitudes toward each other.

Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches is available in three versions. The *Reference Guide* is a comprehensive text intended for national, State, and local organizations and researchers. The *Practitioner's Guide* is a shorter version, designed for practitioners and program planners. The *Family and Community Guide* is an informational brochure for concerned citizens.

# # #

PREVENTION*Alert*

CSAP LAUNCHES NEW TRAINING INITIATIVE

This spring, SAMHSA's Center for Substance Abuse Prevention launched the Parenting IS Prevention (PIP) Training Initiative to help communities get parents more involved in preventing youth substance abuse. Research has shown that parents and adult caregivers play a key role in children's decisions about drug use. Through a series of regional and local workshops, PIP is training the prevention professionals as well as others to initiate more parent education efforts by recruiting and motivating parent volunteers. In turn, these parents will reach out to others and begin to form community groups that can create change at the grass-roots level.

PIP's Main Goals

This new training effort is the result of interviews and focus group findings from substance abuse and mental health agencies, social service and civic groups, and participants in parenting programs. In response to suggestions from the field, CSAP developed two primary goals for PIP:

- **Increase awareness of existing parent-focused curricula.** PIP aims to make more organizations aware of the many successful parenting programs that are already available. Trainees can then implement these programs regionally and locally to reach large audiences.

- **Help participants target their programs.** One parenting strategy does not apply to all communities; therefore, the workshop does not teach one parent program. Rather, the workshops help trainees to identify successful prevention programs and match their curricula to specific cultural and community needs.

The PIP Curriculum

Trainers with expertise in parenting and substance abuse prevention facilitate the PIP workshops, devoting two days to a set curriculum and reserving a third for skills practice and review. The curriculum progresses from an overview of the correlation between family life and

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

children's drug use to sessions highlighting science-based strategies for educating and mobilizing parents. For example, one session focuses on research findings related to the influence of parents and family on adolescents' later substance abuse. The session also demonstrates how diverse cultural beliefs and traditions affect parenting, family life, and substance abuse patterns. In another session, workshop leaders discuss parenting curricula and share materials that participants might use with families in their own communities.

This training is also highly interactive, combining lectures and presentations with discussions, small-group exercises, and activities that help participants develop concrete plans for their communities. For example, the session on parent and community mobilization includes case studies in which parents organize to create better environments for their children. Small groups identify issues they will face in targeting, organizing, and mobilizing parents in similar situations. In the final PIP session, participants identify next steps for applying the training.

Workshop Schedule

Workshops have already been held in Kansas City, MO, the Baltimore/Washington area, and in Hartford, CT (Northeast region). Upcoming workshops include:

- July 9-11: Western region – Seattle, WA

- August 13-15: Southwest region – Albuquerque, NM

- September 17-19: Midwest region – Minneapolis, MN

- October 15-17: Southeast region – Nashville, TN

CSAP is currently planning fifteen local collaborative workshops, which will begin in the fall and continue through the beginning of next year.

For more information about the training, contact Gwyndolyn Ensley, CSAP (301-443-0581).

# # #

Prevention Studies

The Public Health Perspective in Portrayal of Violence by the Media

Study Reviewed

Dorfman, L.; Woodruff, K.; Chavez, V.; & Wallack, L. (1997). Youth and violence on local television news in California. American Journal of Public Health 87(8): 1311–1316.

Study Focus

Dorfman et al. examine the degree to which a public health perspective is more likely to be reflected in local television news coverage of violence involving youth. The public health perspective is defined by the authors as coverage that includes considerations of underlying causes and possible prevention strategies.

Study Methodology

The contents of local television news broadcasts aired in California were used to examine media portrayal of youth violence. Once stories were identified as being about youth, violence, or both, they were coded as either episodic (focused on one or more specific incidents with little attention to the context or broader implications of the event) or thematic (focused primarily on the context of the incident, themes, trends, or root causes). The authors believe that a public health perspective is reflected in the thematic stories because of the emphasis on underlying causes and possible prevention strategies.

Study Findings

Approximately 214 hours of news programs were recorded, including 8,021 news stories. More than three-quarters of the stories were not about youth or violence, but violence alone was the most frequent story topic. Of the stories that focused on both youth and violence (n = 783), 70 percent concentrated on specific crimes such as shootings, abductions, and child abuse (n = 444) and their subsequent court trials (n = 108). Less air time was allotted to stories about crime in schools; crimes

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

youth might commit (e.g., rumored gang activities); security and prevention issues; guns; law enforcement; community responses; the portrayal of violence in movies, television shows, and video games; and other topics.

Stories on violence alone (n = 372) also focused primarily on crimes and trials (78 percent). Stories on youth alone (n = 636) focused mainly on school issues (e.g., sports reports, individual school controversies), followed by unintentional injury, community events, youth accomplishments, substance abuse, child safety, and the like. Significantly more stories about youth, violence, or both were episodic in nature (82 percent); 34 of the 330 thematic stories (10 percent) focused on crime.

Limitations of the Study

The authors note that the findings are limited—the sample spanned a short period of time, the data only included one State, and only local news stories were examined.

The Bottom Line

Dorfman et al. found that episodic coverage of violence was the most prevalent type of story in local television news, and even when stories were thematic in nature, those that included a public health perspective on violence (e.g., primary violence prevention) were extremely scarce. The authors suggest that the lack of violence being portrayed as a public health issue may be partly due to public health professionals' limited involvement in violence prevention. For example, the most in-depth story on violence as a public health issue was from a county where the health department is working on innovative strategies for preventing violence.

Dorfman et al. suggest two strategies that public health practitioners can use to help change the way youth-involved violence is portrayed in the news. First, they suggest using social data to create a context for crime stories when talking with reporters. Data from California were used to illustrate that over one-half of all violent offenders are under the influence of alcohol or other drugs when they commit crimes, and crime and violence do not occur by chance (e.g., most homicides happen between acquaintances, a small number of offenders commit a large percentage of crimes). Including such data would highlight the role that alcohol and other drugs play in violence, as well as enable audiences to gain a better understanding of the economic, educational, and criminal justice implications of the event.

The authors also suggest educating journalists about the risk factors for violence, which would allow them to ask appropriate questions about the possible causes of violent incidents (e.g., Was the crime alcohol- or drug-involved? Were the victim and offender acquainted? Was a weapon used in the crime?). Providing journalists with such information would allow them to provide the public with more timely, contextually appropriate reports.

# # #

Antidrug Advertising Aids Prevention Efforts for Youth

The mass media, particularly some television programs and product advertising, bombard youth with images that glamorize the use of alcohol, tobacco, and drugs. To counter these images, the prevention community is creating antidrug advertisements specifically targeting a young audience. The goal is to educate youth about the dangerous realities of illicit drug use and to promote negative attitudes among them toward illicit drug use.

One study conducted by the Department of Pediatrics at The Johns Hopkins University School of Medicine demonstrated the positive effect of antidrug advertising on younger audiences (Reis 1994). Researchers distributed a survey focusing on these ads to more than 800 students in middle and high schools in both urban and suburban settings.

Survey respondents through self reports described how antidrug advertising changes their knowledge, beliefs, and attitudes regarding alcohol and drugs (tobacco-related advertisements were not included in this study). Among other findings, data revealed that:

- 83 percent of study participants were familiar with antidrug advertisements;

- 97 percent of respondents said the ads convinced them of the dangers of illicit drug use;

- 84 percent of students listed these ads as an important source of information about drugs, although only 28 percent labeled them as their most important source;

- Non-drug-using middle school students in urban schools most commonly reported antidrug ads as deterrents to drug-related attitudes and behaviors.

Although this survey demonstrates that the media may be effective channels for antidrug messages, such messages are often overshadowed by contradictory images. One study showed that beer and wine advertisements outnumber substance-related public service announcements 50 to 1 (Atkin 1990).

(more)

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

One way to enhance the impact of antidrug ads is to combine them with classroom and community-centered educational initiatives. For example, one study matched an antismoking mass media campaign with school-based tobacco prevention programs for a select group of students (Flynn et al. 1992). In a followup study, these students showed a consistent pattern of less smoking and more negative attitudes toward tobacco use than peers who had been exposed to a single intervention (Flynn et al. 1994).

While supporting effective antidrug advertising and counteradvertising campaigns, the prevention community also is developing strategies to help young people become critical viewers of media images romanticizing substance use. This multifaceted prevention effort—concentrating on audience-specific ad campaigns and education—may be important to successful prevention strategies involving youth and the mass media.

Sources:

Atkin, C.K. Effects of televised alcohol messages on teenage drinking patterns. *Journal of Adolescent Health Care* 11: 10–24, 1990.

Flynn, B.S.; Worden, J.K.; Secker-Walker, R.H.; Badger, G.J; Geller, B.M.; and Costanza, M.C. Prevention of cigarette smoking through mass media intervention and school programs. *American Journal of Public Health* 82: 827–834, 1992.

Flynn, B.S.; Worden, J.K.; Secker-Walker, R.H.; Badger, G.J.; Carpenter, J.H.; and Geller, B.M. Mass media and school interventions for cigarette smoking prevention. Effects 2 years after completion. *American Journal of Public Health* 82: 1148–1150, 1994.

Reis, E.C.; Duggan, A.K.; Hoover, Jr., A.; and DeAngelis, C. The impact of anti-drug advertising: Perceptions of middle and high school students. *Arch Pediatric Adolescent Medicine* 148:1262–1268, 1994.

SAMHSA SURVEY INDICATES NEED TO TARGET YOUTH

Health and Human Services Secretary Donna E. Shalala recently released findings of SAMHSA's National Household Survey on Drug Abuse, which provides annual estimates of the prevalence of illicit drug, alcohol, and tobacco use and monitors trends in use over time. Between 1996 and 1997, illicit drug use remained level among the overall population but showed a marked increase among 12- to 17-year-olds, mostly due to higher rates of marijuana use. The survey's principal findings regarding this young age group include the following:

- Current use of illicit drugs (use during the 30 days prior to the interview) increased from 9.0 percent in 1996 to 11.4 percent in 1997. Except for 1996, illicit drug use among youth has steadily increased since 1992.

- Current use of marijuana increased from 7.1 percent in 1996 to 9.4 percent in 1997. Marijuana use among youth has almost tripled from 1992 to 1997.

- Current drug use among 12- to 13-year-olds increased from 2.2 to 3.8 percent.

- The percentage of youth reporting that they perceived a risk from smoking marijuana once or twice a week decreased from 57.1 to 54 percent.

- The number of current smokers remained essentially the same, although there was a significant increase (from 7.3 to 9.7 percent) among 12- and 13-year-olds.

- Youth who currently smoked cigarettes were about 12 times as likely as nonsmoking youth to use illicit drugs and 23 times as likely to drink heavily.

- In 1997, more than half of 12- to 17-year olds reported that marijuana was easy to obtain. About 21 percent reported that heroin was easy to obtain.

- Fifteen percent of youth reported being approached by someone selling drugs during the 30 days prior to the interview.

(more)

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Regarding the population as a whole, the survey found that an estimated 13.9 million Americans were current users of illicit drugs in 1997, slightly more than the estimated 13.0 million in 1996. There was no statistically significant change in the number of cocaine users between 1996 and 1997, but heroin use has steadily increased over the past few years.

The annual survey is based on a representative sample of the U.S. population aged 12 and older. In 1997, 24,505 persons were interviewed. Next year, SAMHSA will expand the sample to provide information about substance abuse at the State level. Beginning in 1999, the survey will support 70,000 interviews each year, up from 18,000 to 25,000 in previous years. Preliminary results are available on the World Wide Web at http://www.samhsa.gov.